

jurnal 3

by Ety Isma

Submission date: 09-Feb-2021 10:53PM (UTC+0700)

Submission ID: 1505452704

File name: 3._Belief_culture.pdf (740.81K)

Word count: 2755

Character count: 15405

Belief Culture and Family Support are the Dominant Factors Affecting Antenatal Care Compliance in Sub-Urban, Indonesia

Hetty Ismainar¹, Hertanto W. Subagio², Bagoes Widjanarko³, Cahyono Hadi⁴
¹Doctoral Program, Faculty of Public Health, Diponegoro University, Semarang, Indonesia. Email: ismainarhetty@yahoo.co.id
²Faculty of Medicine, Diponegoro University, Semarang, Indonesia. Email: hertantow@gmail.com
³Doctoral Program, Faculty of Public Health, Diponegoro University, Semarang, Indonesia. Email: bagoes62@gmail.com
⁴Faculty of Medicine, Diponegoro University, Semarang, Indonesia. Email: dipo_cahyono@yahoo.com

Abstract

The study aims to describe the most dominant factors affecting Antenatal Care (ANC) compliance. That was a cross-sectional study. The populations are pregnant women in the 2nd and 3rd trimester from four sub-districts in Dumai City. A sample of 215 subjects participated in this study. Data were collected by questionnaire. Data were analyzed using chi-square and multiple logistic regression. Bivariate analysis showed that there are six factors significantly associated with ANC compliance (p -value < 0.05), i.e., attitudes, knowledge, belief culture, husband, family, and friends support. Multivariate analysis showed that the factors affected to ANC compliance were belief culture (Exp β : 2,455), family support (Exp β : 2,295), husband support (Exp β : 2,140), attitude (Exp β : 2,020) and friend support (Exp β : 1,962). Conclusion, Five factors affecting Antenatal care compliance in sub-urban, i.e., attitude, belief culture, husband support, family, and friends support. The most dominant factors are belief culture and family support. We recommend that professional health workers develop health promotion designs and create a healthy support system taking into consideration our findings.

Keywords: Attitude, Belief Culture, Family Support, Pregnant women, Shamans.

1. Introduction

Indonesia is a developing country; the Maternal Mortality Rate in Indonesia is still relatively high at 305/100,000 per live birth [1]. One effort to reduce the case is to focus on Antenatal Care (ANC) visits and maternal education [2]. The routine of Antenatal care visits can detect early abnormalities and risks that arise during pregnancy [3,4].

The Indonesian government states that 95 percent of antenatal care visits are the program standard. There was a decrease in Antenatal care visits from during the 2012-2016 period, from around 90.1% to 85.3% [1]. One of the lowest ANC visits was Riau province (76.1%). We conducted this research in the Dumai city, which has a minimum coverage in Riau province (71.5%). The city is categorized as a sub-urban area because it borders directly with the capital city of Riau Province. Still found in these areas have deficient Antenatal care coverage, i.e., Sungai Sembilan sub-district (1st ANC visit coverage was 54.1%, and 4th ANC visit was 42.2%) [5].

The desire of pregnant women to conduct antenatal care visits is individual behavior that is influenced by three domains: knowledge, attitudes, and practices, and one of the efforts to change behavior are to establish communication and health promotion [6]. The causes of low antenatal care services include; quality of services, facilities, health workers, economic and social culture [7-10].

The rate of Antenatal care visits is still low in rural and sub-urban areas[11]. This sub-urban area even receives little attention from the government because the current Indonesian government program is developing rural areas. Another factor contributing to the low coverage of antenatal care visits in sub-urban areas is family support and belief culture. Both of these factors provide the ANC visit, especially in primipara[10,12]. There are still many shamans in the sub-urban area. People there often pregnant checks or visits to get traditional medicine. Belief culture is hereditary from their family. For this reason, this study will analyze the determinants and dominant factors that influence antenatal care compliance in sub-urban areas.

2. Material and Method

This study was quantitative with a cross-sectional design. This research was conducted for three months (January-March 2019) in Dumai City, Riau Province. The population in this study were pregnant women in the 2nd and 3rd trimesters from four sub-district. A total of 215 participated in this study. The sampling method was used as a proportional random sampling. We have chosen sub-urban areas because of that area the low coverage of antenatal care visits. There are four sub-urban areas, i.e., West Dumai, Bukit Kapur, Sungai Sembilan, and South Dumai.

The independent variable consists of 10 variables, i.e., Intrapersonal factors (attitudes, knowledge, belief culture), interpersonal factors (husband, family, friends, and community leader support), health institution (competence and facilities), mass media, and government policy. The dependent variable is antenatal care compliance. Data were collected using the structured questionnaire with a total of 68 questions. Each question was scored according to the answer. Positive answers were given a score of 1, while negative ones were 0. We also selected four midwives as enumerators. Bivariate data analysis using the chi-square test (95% Confidence Interval CI), p -value <0.05. Multivariate analysis with multiple logistic regression. The data input process was done double-checking to minimize error data.

3. Result

A total of 215 respondents in this study, the majority of the ages ranged from 17- 35 years 85 (86%), prominent characteristics were low education 130(60.5%), majority of respondent unemployed 199 (92.6%), dominant pregnant was multigravida 162 (75.3%).

Based on the chi-square test in the bivariate analysis showed that there are six independent variables associated with antenatal care compliance (p -value<0.05), i.e., attitudes, knowledge, belief culture, husband support, family support, and friend support (Table 1)

Table 1: Antenatal Care Compliance Factors in Dumai City, Indonesia 2019

| Independent Variable | Antenatal Care Compliance | | | p-value | OR (CI 95%) |
|----------------------|---------------------------|------------|-------|---------|------------------------|
| | uncompliance | compliance | n=215 | | |
| Attitude | Negatif | 41 | 137 | 0,016* | 2,113 (1,188-3,757) |
| | Positif | 41 | 78 | | |
| Knowledge | Low | 93 | 132 | 0,015* | 2,114 (1,195-3,740) |
| | High | 44 | 83 | | |
| Belief culture | Negatif | 93 | 128 | 0,002* | 2,597 (1,465-4,603) |
| | Positif | 44 | 87 | | |
| Husband support | No | 102 | 149 | 0,044* | 1,922 (1,061-3,842) |
| | Yes | 35 | 66 | | |
| Family support | No | 95 | 134 | 0,008* | 2,262 (1,275-4,014) |
| | Yes | 42 | 81 | | |
| Friends support | No | 98 | 141 | 0,022* | 2,045 (1,145-3,645) |
| | Yes | 39 | 74 | | |
| Community leader | No | 85 | 125 | 0,163 | - |
| | Yes | 52 | 90 | | |
| Health Institution | No | 98 | 161 | 0,181 | - |
| | Yes | 39 | 54 | | |
| Mass Media | No | 72 | 113 | 1,000 | - |
| | Yes | 65 | 102 | | |
| Government policy | No | 67 | 105 | 1,000 | - |
| | Yes | 70 | 110 | | |

Note: *significant set was p-value < 0,05, OR: Odds Ratio. CI95% (Confident Interval of 95%).

The next step was the selection of multivariate candidates. A feasible variable has a significant level ($p\text{-value} < 0.25$) with the Enter method in simple logistic regression. There are nine variables included in the multivariate selection ($p\text{-value} < 0.25$), i.e., attitude, belief culture, husband support, family and friend support, community leader, facilities, and mass media. Government policy not included in the selection of candidates $p\text{-value} 0.979 (> 0.25)$. Furthermore, all the independent variables involved in multivariate selection become the variables analyzed in multiple logistic regression

Table 2. Summary of Multivariate Analysis

| Variable | B | S.E | Wald | df | Sig | Exp (β) | CI 95% for Exp (B) | |
|------------------------|------|------|-------|----|------|---------|--------------------|-------|
| | | | | | | | Lower | Upper |
| Belief culture* | .898 | .309 | 8.450 | 1 | .004 | 2.455 | 1.340 | 4.498 |
| Family support* | .831 | .315 | 6.972 | 1 | .008 | 2.295 | 1.239 | 4.253 |
| Husband support | .761 | .329 | 5.341 | 1 | .021 | 2.140 | 1.123 | 4.081 |
| Attitude | .703 | .314 | 5.021 | 1 | .025 | 2.020 | 1.092 | 3.736 |
| Friends support | .674 | .318 | 4.485 | 1 | .034 | 1.962 | 1.051 | 3.660 |

Note : *Dominant factor, S.E (Standart Error), df (degree of freedom), Sig (significant), CI95% (Confident Interval of 95%).

Table 2. shows that in the last multivariate modeling, five independent variables affected antenatal care compliance ($p\text{-value} < 0.05$). The most dominant factors are belief culture Exp β: 2,455 (1,340-4,498) and family support Exp β: 2,295 (1,239-4,253).

4. Discussion

Antenatal care visits aim to facilitate the management of complications to reduce maternal mortality. The screening process for complaints such as hypertension, anemia, screening for prevention, and treatment of infectious diseases, health education needed by pregnant women [13,14]. The low number of antenatal care visits which results in increased morbidity and mortality rates [15,16].

The results of this study explained that belief culture and family support factors are the most dominant factors influencing ANC compliance. Pregnancy women still check and visiting a shaman. They still believe in shamans since their ancestors. They feel comfortable

and very close to the shamans. Another problem is they even believe that the myth of food consumed during pregnancy is still an ancestral tradition. Sources of information about nutrition in pregnancy cannot overcome the false beliefs derived from these traditions [17].

Experiences that are always conveyed by parents to pregnant women about beliefs or myths during pregnancy determine the behavior of pregnant women. These beliefs and myths produce fears and worries from which a woman bases her pregnancy representation. There are 82% of one hundred women interviewed who have been influenced by these myths and beliefs [18].

Beliefs culture about traditional herbal medicines, myths about prohibiting food consumption, and unreasonable daily activities are also often carried out during pregnancy [19-20]. The prevalence of the use of herbal medicines is increasing worldwide, especially among pregnant women. The most common reasons for use include treatment of digestive disorders and cold and flu symptoms. The majority of women use this product during the first trimester. Therefore, health professionals must update their knowledge of potential effects and risks [22].

The attitude of an individual is behaving or carrying out an activity that is also influenced by local cultural beliefs. So that individuals are willing to make changes in their attitudes [21]. In Dumai City, non-routine antenatal care visits in early pregnancy are still carried out by their family. The involvement of her husband and other family members during pregnancy should also be encouraged and more informed by professional health workers [22-25].

Providing support from a husband or friend can reduce depression in pregnancy [26]. Family support among pregnant women and families by teaching families about pregnancy and preparation for delivery needs can be through video screenings. The program is named Family Oriented Antenatal Group Educational Program. Community, health workers, traditional birth attendants can also use the media in rural areas [27]. With similar demographic characteristics in the study, and the same program can use in sub-urban areas.

This study has some limitations, using the cross-sectional study. Thus the findings of this study might change at different times. The number of research was small size subjects, so the results cannot be generalized for the large area. This research should be combined with a qualitative design with in-depth interviews to obtain more information. For further study, it is necessary to develop psychological and myths in pregnant women.

5. Conclusion

In this study, five factors affected to antenatal care compliance in sub-urban, i.e: attitude, belief culture, husband support, family support, and friend support. The most dominant factors are belief culture and family support. We suggest that professional health workers increase health promotion for pregnant women and those around them. Need to be involved in the tradition of the birth attendant in mapping pregnant women. Health workers create healthy support systems to improve the quality of pregnant health. For further research, it is necessary to consider researching more complete determinants of antenatal care compliance, such as from the ecological approach or environmental aspects.

6. Acknowledgments

We thank all have participated in this study. We appreciate pregnant women, the staff of District Health Officer, and public health workers of Dumai City for their corporation in facilitating our research.

Reference

- [1] Kementerian Kesehatan Republik, Indonesia. Profil Kesehatan Indonesia. Publisher: Kementerian Kesehatan Republik Indonesia, (2016), pp: 102-106.

- 10
[2] Campbell OMR, Graham WJ, Lancet Maternal Survival Steering Group. Strategies for reducing maternal mortality: getting on with what works. *Lancet*. vol.368,(2006), pp.1284–2199.
- [3] Tinker A, Koblinsky M. Making motherhood safe. World Bank discussion papers. Washington, DC: World Bank,(1993).
- 9
[4] Carroli G, Rooney C, Villar J. Antenatal care and maternal mortality and serious morbidity: how effective is it? *Paediatr Perinat Epidemiol* vol.15, (2001), pp. 1–42.
- 16
Data DinasKesehatanProvinsi Riau Tahun,(2016).
- [6] Green, L.W, & Kreuter, M.W, Health Program Planning an Educational and Ecological Approach 4th Ed, Mc. Graw Hill, Boston.(2005).
- [7] Naariyong S, Poudel C K, Rahman M, Yasuoka J, Otsuka K, Jimba M, Quality of Antenatal Care Services in the Birim North District of Ghana: Contribution of the Community-Based Health Planning and Services Program. *Matern Child Health J* vol.16, (2012), pp.1709–1717.
- 15
[8] Adamu, Y. M., And H. M. Salih). Barriers To The Use Of Antenatal and Obstetric Care Services In Rural Kano, Nigeria. *Journal Of Obstetrics & Gynecology* vol.22(6),(2002), pp. 600-603.
- [9] Chukuezi, C.,Socio-cultural Factors Associated with Maternal Mortality in Nigeria. *Research Journal of Social Sciences* 3pl: 1 (5), (2010),pp.22-26.
- [10] Fernández LE, Newby A. Family Support and Pregnancy Behavior among Women in Two Mexican Border Cities. *Frontera Norte* vol:22(43), (2010),pp.7-34.
- [11] Gidey, G., Hailu, B., Nigus, K., Hailu, T., G, W., & Gerensea, H. Timing of First Focused Antenatal Care Booking And Associated Factors Among Pregnant Mothers Who Attend Antenatal Care in Central Zone, Tigray, Ethiopia. *BMC Research Notes*, (2017),pp.10-23.
- [12] Upadhyay P, Liabsuetrakul T, Shrestha AB, Pradhan N. Influence of family members on the utilization of maternal health care services among teen and adult pregnant women in Kathmandu, Nepal: a cross-sectional study. *Reproductive Health*. Vol.11 (1), (2014),pp. 201-219.
- 8
[13] Abou-Zahr I, Lidia C, Wardlaw TM, Antenatal Care in Developing Countries Promises, Achievements, and Missed Opportunities. An Analysis of Trends, Levels, and Differentials, 1990–2001. Geneva: WHO.(2003)
- 14
[14] Mario S, et al. What is The Effectiveness of Antenatal Care? (Supplement). Copenhagen: WHO Regional Office for Europe.(2005)
- 19
[15] AbouZahr C, Wardlaw TM. Maternal Mortality at The End Decade: What Sign of Progress? *Bull World Health Org*. Vol.79, (2001),pp.561–73.
- 17
[16] World Health Organization. Pregnancy, childbirth, postpartum, and newborn care: a Guide to Essential Practice. Geneva: WHO.(2006)
- 13
[17] Guggino A, Barbero S, Ponzio V, Viora E, Durazzo M, Bo S. Myths about nutrition in pregnancy. *J ObstetGynaecol (Lahore)*. Vol.36 (7), (2016),pp. 964-965.
- 14
[18] Vieira Martins Mde F, Almeida Remoaldo PC. Myths and beliefs during pregnancy in the northwest region of Portugal and the implications for women's health, Vol.90, (2007),pp. 75-88.
- 18
[19] John LJ, Shantakumari N. Herbal Medicines Use During Pregnancy: A Review from the Middle East. Vol.30(4), (2015),pp. 229-236.
- 24
[20] Ismainar H, Subagio HW, Widjanarko B, Hadi C. Phenomenology Study: Pregnancy Women Myth in Malay Community Dumai City, Indonesia. *Tech SocSci J [Internet]*. Vol.7, ISSN: 2668-7798, (2020), pp. 283–288.
- 7
[21] Duraz AY, Khan SA. Knowledge, attitudes, and awareness of community pharmacists towards the use of herbal medicines in muscat region. *Oman Med J* Vol.26(6), (2011),pp.451-453.
- 27
[22] Ogden J. Health Psychology A Textbook. (3rd, Ed.) Philosophy, prejudice, and practice (3rd edition). Inggris: Open University Press. Vol.3,(2004) pp. 24-27, 31-33.

- [23] Nordeng, H., Koren, G., & Einarson, A. Pregnant Women's Beliefs About Medications—A Study Among 866 Norwegian Women. *Annals of Pharmacotherapy*, vol. 44(9), (2010), pp. 1478–1484.
- [24] Upadhyay P, Liabsuetrakul T, Shrestha AB, Pradhan N. Influence of family members on the utilization of Maternal health care services among teen and adult pregnant women in Kathmandu, Nepal: a cross-sectional study. *Reproductive Health*. Vol.11(1),(2014), pp. 201-219.
- [25] Fernández LE, Newby A. Family Support and Pregnancy Behavior among Women in Two Mexican Border Cities. *Frontera Norte*. Vol.12(43), (2010), pp. 7-34.
- [26] Wendy Stevenson, Kennethi. Matonand Douglas M. Teti. Social support, relationship quality, and well-being among pregnant adolescents. *Journal of Adolescence* vol. 22,(1999), pp. 109-121.
- [27] Shimpuku Y, Madeni FE, Horiuchi S, Kubota K, Leshabari SC. Evaluation of a family-oriented antenatal group educational program in rural Tanzania: a pre-test / post-test study, (2018), pp:1-11.

ORIGINALITY REPORT

19%

SIMILARITY INDEX

17%

INTERNET SOURCES

13%

PUBLICATIONS

10%

STUDENT PAPERS

PRIMARY SOURCES

| | | |
|---|--|----|
| 1 | ejournal.unsri.ac.id Internet Source | 1% |
| 2 | harvest.usask.ca Internet Source | 1% |
| 3 | anthrosource.pericles-prod.literatumonline.com Internet Source | 1% |
| 4 | services.rmh.med.sa Internet Source | 1% |
| 5 | Agung Dwi Laksono, Ratna Dwi Wulandari. "The barrier to maternity care in rural Indonesia", Journal of Public Health, 2020 Publication | 1% |
| 6 | stacks.cdc.gov Internet Source | 1% |
| 7 | www.karger.com Internet Source | 1% |
| 8 | inseparfoundation.wordpress.com Internet Source | 1% |

| | | |
|----|---|----|
| 9 | José Villar, Per Bergsjö, Guillermo Carroli, Mélin Gulmezoglu. "The WHO new antenatal care model: the way forward", Acta Obstetrica et Gynecologica Scandinavica, 2003 Publication | 1% |
| 10 | www.raiseinitiative.org Internet Source | 1% |
| 11 | aasic2013.permitha.net Internet Source | 1% |
| 12 | Submitted to CSU, Bakersfield Student Paper | 1% |
| 13 | Ewa Mierzejewska, Talita Honorato-Rzeszewicz, Dorota Świątkowska, Marzena Jurczak-Czaplicka et al. "Evaluation of questionnaire as an instrument to measure the level of nutritional and weight gain knowledge in pregnant women in Poland. A pilot study", PLOS ONE, 2020 Publication | 1% |
| 14 | www.phmed.umu.se Internet Source | 1% |
| 15 | iosrjournals.org Internet Source | 1% |
| 16 | www.lgreen.net Internet Source | 1% |

| | | |
|----|--|-----|
| 17 | www.ajrh.info Internet Source | 1% |
| 18 | Najla Dar-Odeh, Osama Abu-Hammad. "Chapter 197-1 Herbal Remedies Use in Arab Societies", Springer Science and Business Media LLC, 2021 Publication | 1% |
| 19 | www.ojhas.org Internet Source | 1% |
| 20 | dx.doi.org Internet Source | 1% |
| 21 | obgyn.onlinelibrary.wiley.com Internet Source | 1% |
| 22 | lrd.yahooapis.com Internet Source | <1% |
| 23 | ejournal.helvetia.ac.id Internet Source | <1% |
| 24 | searchworks.stanford.edu Internet Source | <1% |
| 25 | core.ac.uk Internet Source | <1% |
| 26 | Magalie El Hajj, Doreen Chilolo Sitali, Bellington Vwalika, Lone Holst. "Herbal medicine use among pregnant women attending antenatal | <1% |

clinics in Lusaka Province, Zambia: A cross-sectional, multicentre study", Complementary Therapies in Clinical Practice, 2020

Publication

27

cyberleninka.org

Internet Source

<1%

28

Agung Dwi Laksono, Ratna Dwi Wulandari, Ratu Matahari. "Does a Husband's Education Matter in Antenatal Care Visits Involvement?: Study on the Poor in Indonesia", Research Square, 2020

Publication

<1%

29

f1000.com

Internet Source

<1%

30

r2kn.litbang.kemkes.go.id

Internet Source

<1%

31

Kartini, G.A. Sipayung, E. Saputra, R. Ismail, J. Jamari, A. P. Bayuseno. "The use of curve wizard method for generating rough surface in CAD model and data transferring analysis in CAE model", 2017 International Conference on Sustainable Information Engineering and Technology (SIET), 2017

Publication

<1%

Exclude quotes Off

Exclude bibliography Off

Exclude matches Off